

MONTHLY OPERATING REPORT

MONTH OF: April _____, 20 ____

NAME: Mindy Sloan _____

CASE NO: 1:16-14945 _____

CHAPTER 12

MONTHLY RECEIPTS AND DISBURSEMENTS**1. ALL INCOME:**

RECEIPT ITEM	Qty Sold (BALES, BUSHELS, LBS or HEAD)	Crop Yr	AMOUNT
A. CROPS SOLD			
1. COTTON	_____	_____	\$ _____
2. WHEAT	_____	_____	\$ _____
3. RICE	_____	_____	\$ _____
4. BEANS	_____	_____	\$ _____
5. OTHER	_____	_____	\$ _____
B. PASTURE RENTAL			\$ _____
C. AGRICULTURAL PROGRAM PAYMENTS			\$ _____
D. SALE OF LIVESTOCK			\$ _____
E. CUSTOM WORK			\$ _____
F. CROP INSURANCE PROCEEDS			\$ _____
G. OTHER FARM INCOME			\$ _____
H. WAGES EARNED FROM OUTSIDE WORK			\$ 1,301.71
I. RENTS AND ROYALTIES			\$ 2,531.00
J. SOCIAL SECURITY BENEFITS			\$ _____
K. BUSINESS INCOME			\$ _____
L. OTHER RECEIPTS			\$ _____
TOTAL RECEIPTS (SUM OF A THRU L)			\$ 3,832.71
NEW LOAN RECEIVED THIS MONTH			\$ _____

2. EXPENSES PAID:

A. HOUSEHOLD AND LIVING EXPENSE	\$ 370.23
B. CUSTOM HIRE	\$ 0.00
C. SEEDS, PLANTS PURCHASED	\$ 36.55
D. UTILITIES	\$ 0.00
E. REPAIRS, MAINTENANCE	\$ 426.20
F. GASOLINE, FUEL, OIL	\$ 107.53
G. INSURANCE	\$ 526.67
H. VET AND MEDICINE	\$ 345.00
I. LABOR	\$ _____
J. LAND RENT	\$ _____
K. CHEMICALS	\$ _____
L. FEED	\$ _____
M. STORAGE, WAREHOUSING, FREIGHT, TRUCKING	\$ _____
N. SUPPLIES	\$ 71.08
O. TAXES	\$ _____
P. OTHER EXPENSES (LIST)	
misc	\$ 102.63
_____	\$ 0.00

SUB-TOTAL EXPENSES (SUM OF A THRU P)	\$ 1,985.89
PLAN PAYMENTS MADE TO CHAPTER 12 TRUSTEE	\$ 250.00
OTHER BUSINESS EXPENSES	\$ _____
TOTAL EXPENSES PAID DURING MONTH	\$ 2,235.89
PROFIT (OR LOSS) FOR MONTH	\$ 1,596.82
LOANS REPAYED	\$ _____

3. HOUSEHOLD AND LIVING EXPENSE:

A. HOME MORTGAGE	\$ _____
B. ROUTINE HOME MAINTENANCE	\$ _____
C. RENT	\$ _____
D. UTILITIES	
1. ELECTRIC	\$ _____
2. WATER	\$ _____
3. TELEPHONE	\$ _____ 0.00
4. GAS	\$ _____
5. OTHER	\$ _____
TOTAL UTILITIES (SUM OF 1 THRU 5)	\$ _____ 0.00
E. FOOD	\$ _____ 250.23
F. CLOTHING	\$ _____
G. LAUNDRY AND CLEANING	\$ _____ 0.00
H. MEDICAL	\$ _____ 120.00
I. INSURANCE NOT DEDUCTED FROM WAGES	
1. AUTO	\$ _____
2. LIFE	\$ _____
3. MEDICAL	\$ _____
4. HOMEOWNERS	\$ _____
5. OTHER	\$ _____
TOTAL INSURANCE (SUM OF 1 THRU 5)	\$ _____ 0.00
J. TRANSPORTATION NOT INCLUDING AUTO PYMTS	\$ _____
K. RECREATION AND EATING OUT	\$ _____
L. DUES NOT DEDUCTED FROM WAGES	\$ _____
M. TAXES NOT DEDUCTED FROM WAGES OR INCLUDED IN MORTGAGE PAYMENTS.	\$ _____
N. ALIMONY, MAINTENANCE OR SUPPORT PAYMENTS	\$ _____
O. RELIGIOUS OR OTHER CHARITABLE CONTRIBUTIONS	\$ _____
P. OTHER EXPENSES	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
TOTAL OTHER EXPENSES (SUM OF 1 THRU 5)	\$ _____ 0.00
Q. POST PETITION INSTALLMENT PAYMENTS (COURT APPROVED)	
1. AUTO	\$ _____
2. HOME IMPROVEMENT	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL INSTALLMENT PAYMENTS (SUM OF 1 -5))	\$ _____ 0.00

TOTAL HOUSEHOLD AND LIVING EXPENSE **ENTER ON LINE A, PAGE 2** \$ 370.23

4. CASH RECONCILIATION:

CASH AND BANK BALANCE AT BEGINNING OF MONTH (ALL ACCOUNTS)	\$ 1,944.38
INCOME (OR LOSS) DURING MONTH	\$ 1,596.82
CASH AND BANK BALANCE AT END OF MONTH (TOTAL ENDING BALANCE OF ALL ACCOUNTS)	\$ 3,541.20

5. EXPENSES CHARGED BUT NOT PAID:

EXPENSE (ITEMIZE)	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES CHARGED	\$ 0.00

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING STATEMENT AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

4/26/2018

DATE

/s/ Mindy Sloan

DEBTOR/OFFICER OF DEBTOR

DATE

DEBTOR/OFFICER OF DEBTOR